

# Student Fall Log

Please record how many falls happen per day and describe when and where they occurred.

Student Name: \_\_\_\_\_

Recorded By: \_\_\_\_\_

Week of:	MON	TUES	WEDS	THURS	FRI
Example: 04/29/22	<b>Number of Falls</b> 3	<b>Number of Falls</b> 0	<b>Number of Falls</b> 2	<b>Number of Falls</b> Student Abent	<b>Number of Falls</b> 1
	<b>Description</b> 2x while tripping over classroom furniture, 1x while running on playground	<b>Description</b>	<b>Description</b> while distracted by classmates in the hallway, hit head on locker	<b>Description</b>	<b>Description</b> Tripped up the stairs while transitioning to specials
Week of:	<b>Number of Falls</b>	<b>Number of Falls</b>	<b>Number of Falls</b>	<b>Number of Falls</b>	<b>Number of Falls</b>
	<b>Description</b>	<b>Description</b>	<b>Description</b>	<b>Description</b>	<b>Description</b>
Week of:	<b>Number of Falls</b>	<b>Number of Falls</b>	<b>Number of Falls</b>	<b>Number of Falls</b>	<b>Number of Falls</b>
	<b>Description</b>	<b>Description</b>	<b>Description</b>	<b>Description</b>	<b>Description</b>
Week of:	<b>Number of Falls</b>	<b>Number of Falls</b>	<b>Number of Falls</b>	<b>Number of Falls</b>	<b>Number of Falls</b>
	<b>Description</b>	<b>Description</b>	<b>Description</b>	<b>Description</b>	<b>Description</b>

Please scan completed form to \_\_\_\_\_.

Therapist Email Address